



Oral Argument Request (BOR)

Dated:

Claimant ID/SSN.:

BOR Docket No.: (If Issued)

In accordance with the provisions of 56 Ill. Adm. Code 2720.310, (*Check One*) (Claimant Employer), the (*Check One*) (Appellant Appellee) in the above referenced BOR Docket Number, hereby requests that the Board of Review hear Oral Arguments on this appeal. Oral Argument is necessary and appropriate for a full and fair disposition of the appeal because:

Note: If necessary, you may write on the back of this form and/or add extra pages in order to complete your explanation.

I certify that I served a copy of this Additional Evidence request upon

by placing it in a postage paid envelope addressed to

and depositing it in the U.S. mail at

on

at

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Signature (Claimant / Employer)

Signature

(Attorney / Representative)
For
(Claimant / Employer)

Board of Review
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